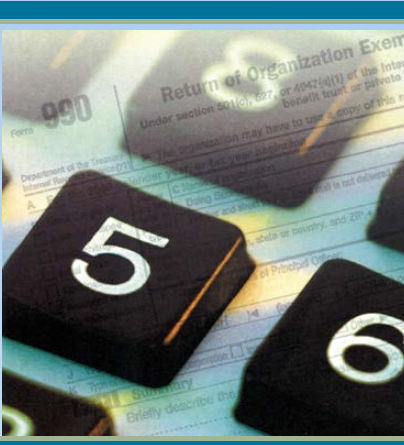




Community Health Needs Assessment

Thomas H. Boyd Memorial Hospital | 2013



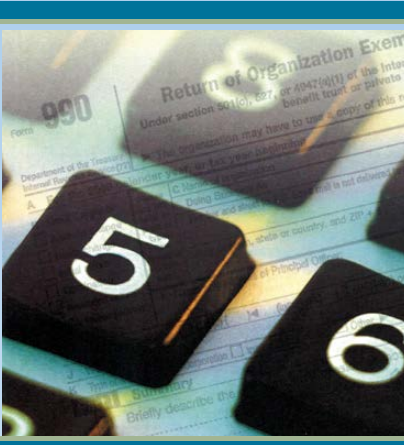


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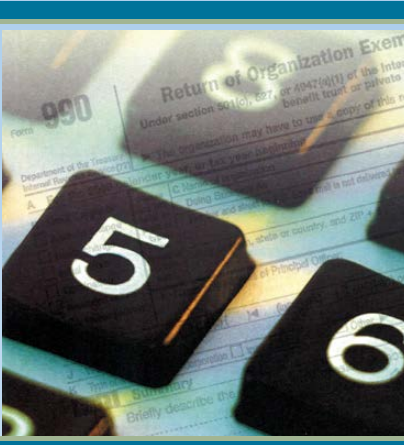
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PROCESS

Purpose

The mission of Thomas H. Boyd Memorial Hospital is to provide quality health care and promote wellness for residents in its region through health services, information resources, and education. In the past, Thomas H. Boyd Memorial Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require most of those hospitals, including Thomas H. Boyd Memorial Hospital to conduct local Community Health Needs Assessments every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

Thomas H. Boyd Memorial Hospital provides quality health care and promotes wellness for residents in its region through health services, information resources, and education.

Assessing community health needs through a review of available health data and discussion with area health care partners, local officials and community leaders, and representatives of the many groups served by the hospital give Thomas H. Boyd Memorial Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Thomas H. Boyd Memorial Hospital elected to conduct a Community Health Needs Assessment in 2013. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 52 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Thomas H. Boyd Memorial Hospital is a member of the Illinois Critical Access Hospital Network.

The Community Health Needs Assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of Carrollton and all of Greene County.



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Methodology and Gaps Discussion

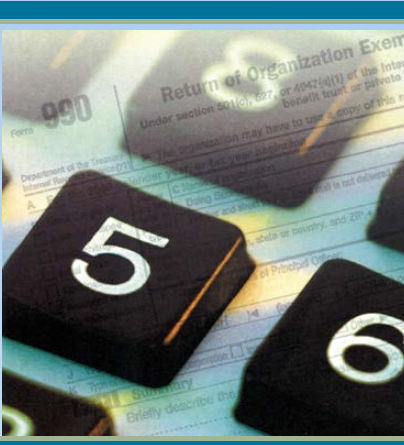
The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator, and community development specialist, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Possible avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups – comprised of area health care professionals/partners, local officials, community leaders, and groups.

Potential gaps in information flow from the fact that poverty is present as a part of the demographic mix in towns and neighborhoods across the Thomas H. Boyd Memorial Hospital service area and not confined to pockets large enough to provide isolated health data, which is not generally available below county-wide levels. This assessment has explored the insular needs of the persons in poverty by specifically seeking input from persons with knowledge of the specific health concerns of the poor. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials and families.

As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the service area.

Secondary data from state, federal, and professional sources, which are cited in text, were reviewed by the consultant and compared to the primary data gathered. Identified needs were prioritized through that process and presented to hospital administration for review.



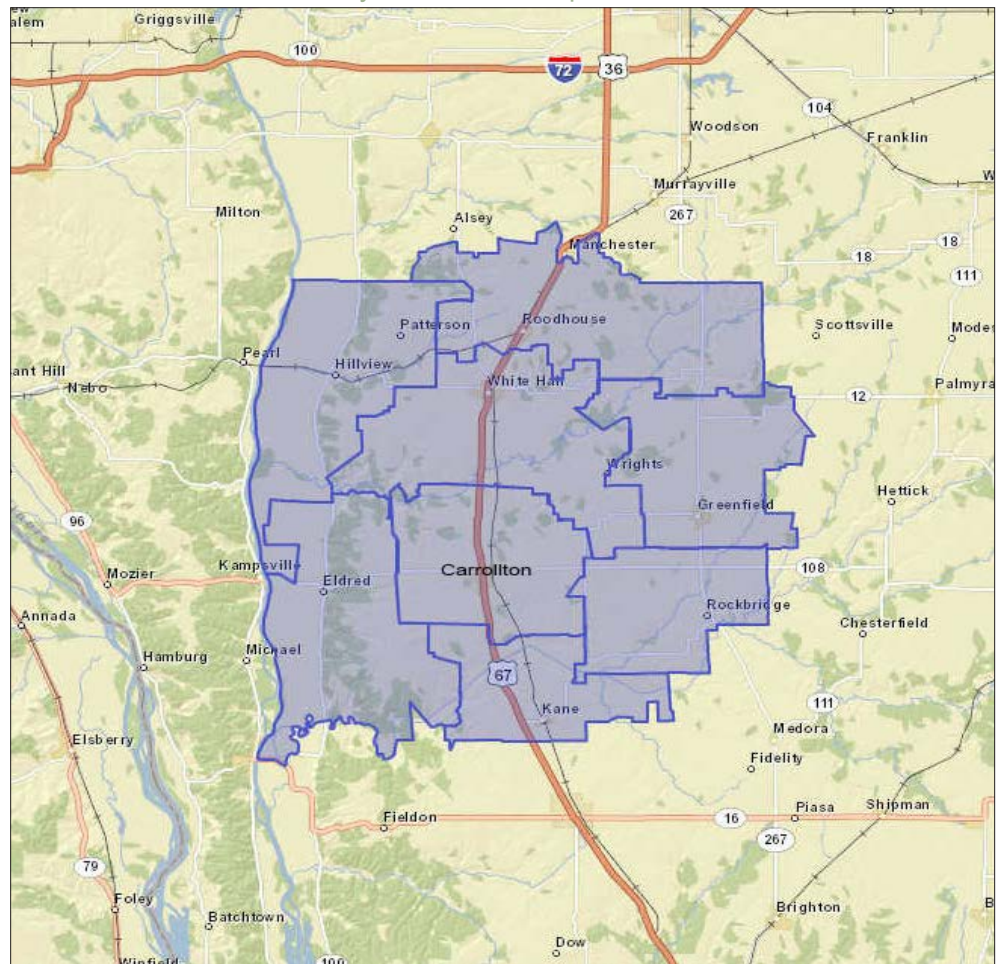
COMMUNITY

Geographic Assessment Area Defined

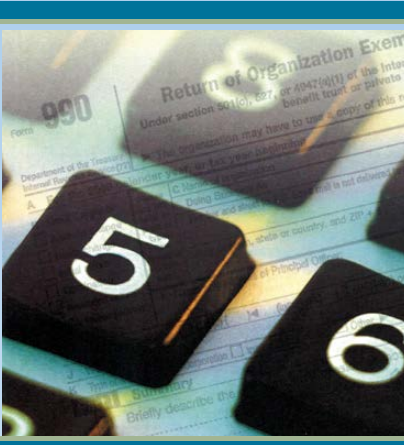
The Thomas H. Boyd Memorial Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary and secondary hospital service areas which includes all or portions of the zip code service areas surrounding Carrollton, Rood House, White Hall, Greenfield, Eldred, Hillview, Kane, Patterson, Rockbridge, and Wrights, IL. This geographic area definition of community is well-suited to Thomas H. Boyd Memorial Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

Major medical centers in Springfield, IL, St. Louis, MO, and other locations receive patients from the hospital service area.

Illustration 1. Thomas H. Boyd Memorial Hospital Service Area



(ESRI, 2013)



Demographic Profile

Table 1. Population by Race – Boyd Memorial Hospital Service Area

RACE and ETHNICITY	2012		2017	
	Number	Percent	Number	Percent
White	13,845	97.9%	13,600	97.8%
Black	119	0.8%	120	0.9%
American Indian	24	0.2%	24	0.2%
Asian	17	0.1%	17	0.1%
Pacific Islander	2	0.0%	2	0.0%
Other	40	0.3%	41	0.3%
Two or More Races	101	0.7%	101	0.7%
Hispanic Origin (any race)	120	0.8%	129	0.9%

(ESRI, 2013)

The race and ethnicity makeup of the service area indicates that the numbers are typical of rural Illinois. No significant change in the profile is projected over the next five years.

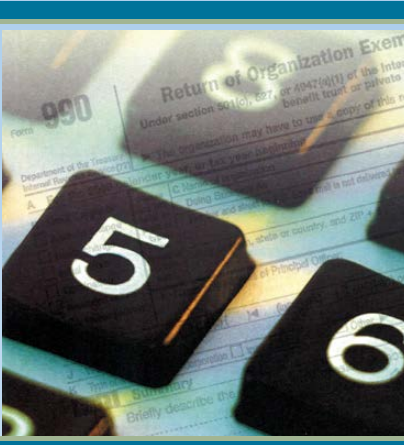
The broad demographic profile of the Thomas H. Boyd Memorial Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following chart and data profile trends in the demographic environment surrounding the Thomas H. Boyd Memorial Hospital service area.

Table 2. Demographic Trends – Boyd Memorial Hospital Service Area

SUMMARY	2010	2012	2017
Population	14,189	14,148	13,905
Households	5,688	5,648	5,606
Families	3,864	3,823	3,769
Average Household Size	2.44	2.45	2.43
Owner Occupied Housing Units	4,357	4,276	4,259
Renter Occupied Housing Units	1,331	1,372	1,347
Median Age	41.5	42.0	42.8
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	-0.35%	0.68%	
Households	-0.15%	0.74%	
Families	-0.28%	0.72%	
Owner Households	-0.08%	0.91%	
Median Household Income	2.53%	2.55%	

(ESRI, 2013)

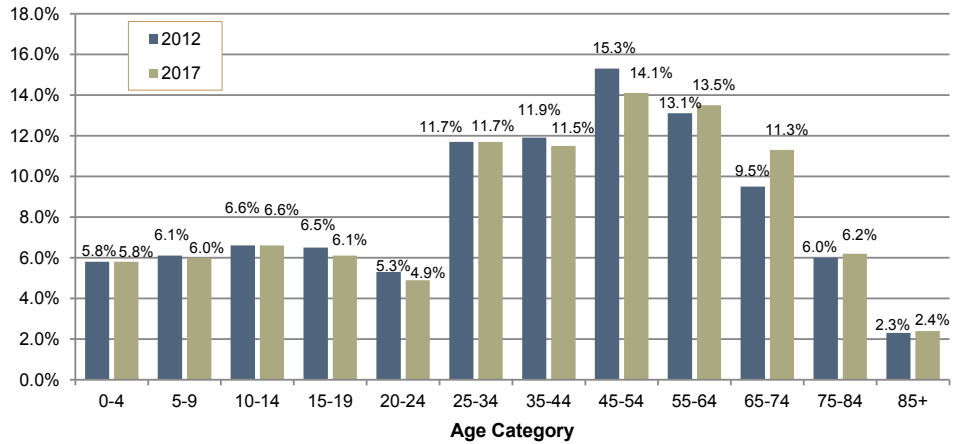
The overall population of the service area is trending toward a modest decline but little overall change, with expected related trends in most demographic categories. The median age is projected to continue to increase over the next five years to 42.8 years of age, which is slightly younger than many rural areas in downstate Illinois.



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Table 3. Population by Age – Boyd Memorial Hospital Service Area



(ESRI, 2013)

The Thomas H. Boyd Memorial Hospital service area is projected to gain population distribution in all groupings over age 55 and experience declines in most other age groups. This pattern is not unusual when compared to much of rural Illinois.

Economic Profile

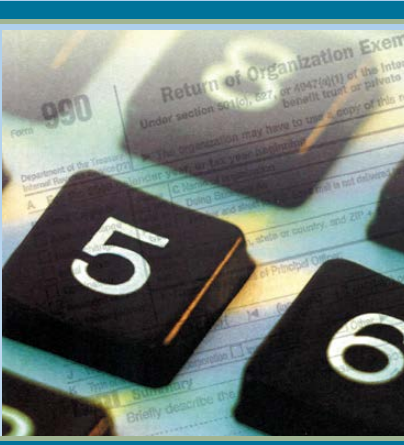
Table 4. Household Income Profiles – Boyd Memorial Hospital Service Area

HOUSEHOLDS BY INCOME	2012		2017	
	Number	Percent	Number	Percent
<\$15K	955	16.9%	943	16.8%
\$15K-\$24K	784	13.9%	623	11.1%
\$25K-\$34K	741	13.1%	583	10.4%
\$35K-\$49K	933	16.5%	917	16.4%
\$50K-\$74K	1,251	22.1%	1,414	25.2%
\$75K-\$99K	510	9.0%	597	10.6%
\$100K-\$149K	308	5.5%	349	6.2%
\$150K-\$199K	59	1.0%	69	1.2%
\$200K+	107	1.9%	111	2.0%
Median Household Income	\$39,365		\$44,612	
Average Household Income	\$49,687		\$54,142	
Per Capita Income	\$20,010		\$22,011	

(ESRI, 2013)

Median household income for 2012 was estimated at \$39,365 in the Thomas H. Boyd Memorial Hospital service area, compared to \$50,502 in 2011 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income in the service area is projected to be \$44,612 in 2017. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income.

(ESRI – 2013, U.S. Census 2012)



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Median home value in the area is \$107,330 compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to increase to \$117,780. (ESRI, 2013)

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 158 new jobs were created in **Greene County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 107 new jobs. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the same period was -10. (IDES, May 2013)

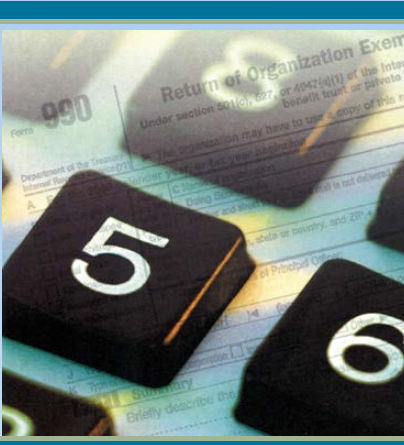
There were 79 new jobs created in **Calhoun County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 48 new jobs. That is the most recent data reported for the county. The average net job flow for the same period was 8. (IDES, May 2013)

There were 121 new jobs created in **Scott County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 116. That is the most recent data reported for the county. The average net job flow for the same period was 40. (IDES, May 2013)

There were 277 new jobs created in **Pike County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 227. That is the most recent data reported for the county. The average net job flow for the same period was 6. (IDES, May 2013)

There were 538 new jobs created in **Macoupin County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 499. That is the most recent data reported for the county. The average net job flow for the same period was 28. (IDES, May 2013)

There were 622 new jobs created in **Jersey County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 323. That is the most recent data reported for the county. The average net job flow for the same period was 26. (IDES, May 2013)



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Table 5. Employment by Industry – Boyd Memorial Hospital Service Area

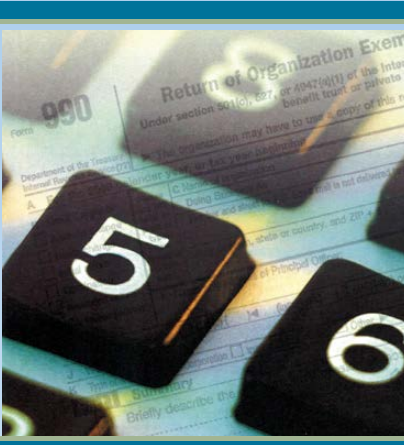
CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	1,066	17.1%
Retail trade	833	13.4%
Health care and social assistance	727	11.7%
Agriculture, forestry, fishing, and hunting	493	7.9%
Educational services	492	7.9%
Construction	473	7.6%
Transportation and warehousing	326	5.2%
Other services, except public administration	352	5.6%
Accommodation and food services	318	5.1%
Administrative and support and waste management services	240	3.8%
Professional, scientific, and technical services	185	3.0%
Public administration	182	2.9%
Finance and insurance	179	2.9%
Wholesale trade	140	2.2%
Arts, entertainment, and recreation	64	1.0%
Information	60	1.0%
Utilities	46	0.7%
Real estate, rental, and leasing	40	0.6%
Mining, quarrying, and oil and gas extraction	15	0.2%
Management of companies and enterprises	8	0.1%

The service area enjoys diverse employment opportunities overall. The third largest employment group is health care and social assistance. Thomas H. Boyd Memorial Hospital and its supporting services and partners are included in this group. Thomas H. Boyd Memorial Hospital plays an important role in the economic vitality of the area as well as its health.

The annual average unemployment rate for 2012 was 8.9% for Illinois and 8.1% for the U.S. The annual average unemployment rate for 2012 was 8.8% in Greene County, 10% in Calhoun County, 7.4% in Pike County, 9.6% in Scott County, 9.5% in Macoupin County, and 8.9% in Jersey County.

Table 6. Collected Sales Tax Trends – Boyd Memorial Hospital Service Area

	<u>Carrollton</u>	<u>Eldred</u>	<u>White Hall</u>
FY 2012	\$310,341	\$4,465	\$190,637
FY 2011	\$299,931	\$3,871	\$211,821
FY 2010	\$276,347	\$4,636	\$189,341



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Table 7. Educational Attainment for Persons over Age 25 – BMH Service Area

In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
75% had attained at least a high school diploma (87% statewide)
13% had attained a bachelor's degree or higher (31% statewide)

In the service area in 2011, 75% of persons age 25 or over had attained at least a high school diploma, compared to 87% statewide. Thirteen percent had attained a bachelor's degree or higher, compared to 31% in the state overall. (ESRI, 2013)

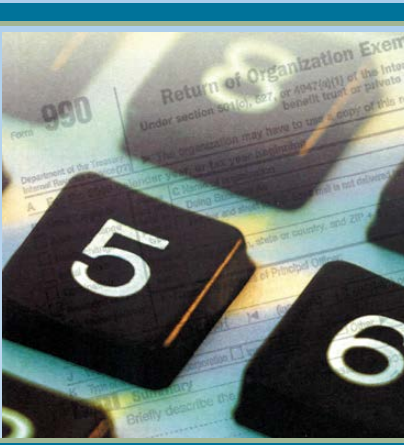
Low-income students are pupils ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. A large portion of the service area is included in three public school districts reflecting the following levels of low income students:

Percent Low-Income Students		
District	2000	2012
Carrollton CUSD 1	26.8	39.0
Greenfield CUSD 10	23.4	36.6
North Greene CUSD 3	45.9	64.3

The population of low income students for the state of Illinois went from 36.7% low income students in 2000 to 49% in 2012. North Greene district exceeded the state level in 2000 and 2012.

The Thomas H. Boyd Memorial Hospital service area is experiencing unemployment numbers that are a little better than many rural Illinois counties. Sales tax revenue has increased steadily over the last three fiscal years but has been inconsistent in the other communities sampled. Numbers of children eligible for free or reduced lunch are increasing and that is not unusual in rural areas. Median income and housing values are lower than state numbers. The service area seems to be in a similar overall economic position than many rural communities in Illinois.

The service area's social and economic picture is influenced by the fact that 79% of the land area in Greene County, consists of farms according to 2007 data from the USDA. Forty percent of farm operators in Green County work off-farm. (Atlas of Rural and Small Town America, 2013)

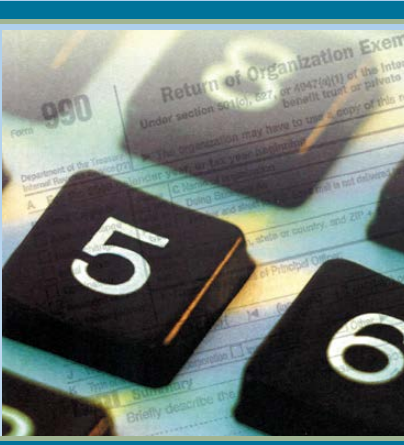


The Thomas H. Boyd Memorial Hospital service area is marked by small communities relying primarily on small businesses and industries, agriculture, and service providers for its local employment.

The demographic/economic profile of the Thomas H. Boyd Memorial Hospital service area overall is typical of many rural Illinois communities. In the near term, the profile is expected to remain substantially similar in most categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.

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INPUT

Health Profiles from Existing Studies and other Secondary Data

Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

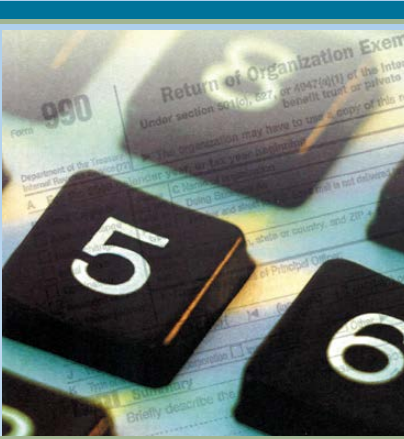
- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Wood Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
- Illinois Behavioral Risk Factor Surveillance System (IBRFSS), which provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory services
- County Health Rankings

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

(County Health Rankings and Roadmaps, 2012)

Greene County is ranked 61 out of the 102 Illinois counties in the Health Outcomes Rankings, released in March 2013. Calhoun County is ranked 13 and Pike County is 11. Scott County is ranked 47, Jersey County is 37, and Macoupin County is 45.



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The following chart highlights areas of interest from the County Health Rankings.

Table 8. Health Ranking Observations by County

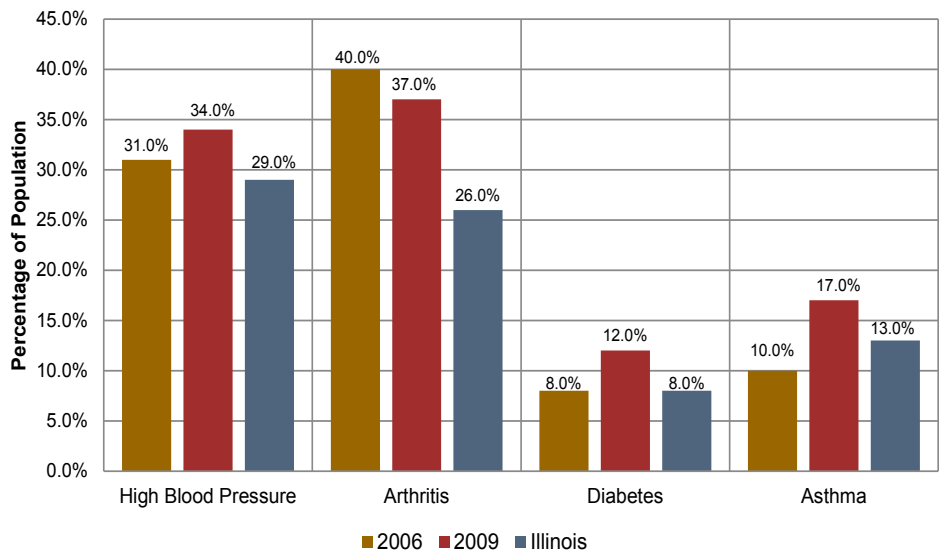
Observation	Greene	Calhoun	Pike	Illinois
Adults reporting no leisure time physical activity	33%	34%	28%	25%
Adult obesity	32%	28%	28%	27%
Children under 18 living in poverty	22%	18%	23%	21%
Teen birth rate (per 1,000 females, ages 15-19)	40/1,000	25/1,000	45/1,000	38/1,000
Low birth weight	9%	7%	7%	8%
Motor vehicle crash rate (per 100,000)	23/100,000	N/A	18/100,000	10/100,000
Percentage of all restaurants that are fast food	33%	8%	33%	50%

Observation	Jersey	Scott	Macoupin	Illinois
Adults reporting no leisure time physical activity	28%	31%	27%	25%
Adult obesity	28%	29%	29%	27%
Children under 18 living in poverty	15%	16%	20%	21%
Teen birth rate (per 1,000 females, ages 15-19)	28/1,000	41/1,000	35/1,000	38/1,000
Low birth weight	7%	7%	7%	8%
Motor vehicle crash rate (per 100,000)	19/100,000	N/A	16/100,000	10/100,000
Percentage of all restaurants that are fast food	44%	40%	42%	50%

The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services.

The following table reflects information from the IBRFSS that indicate areas of likely health care needs.

Table 9. Diagnosed Risk Factors – Greene County



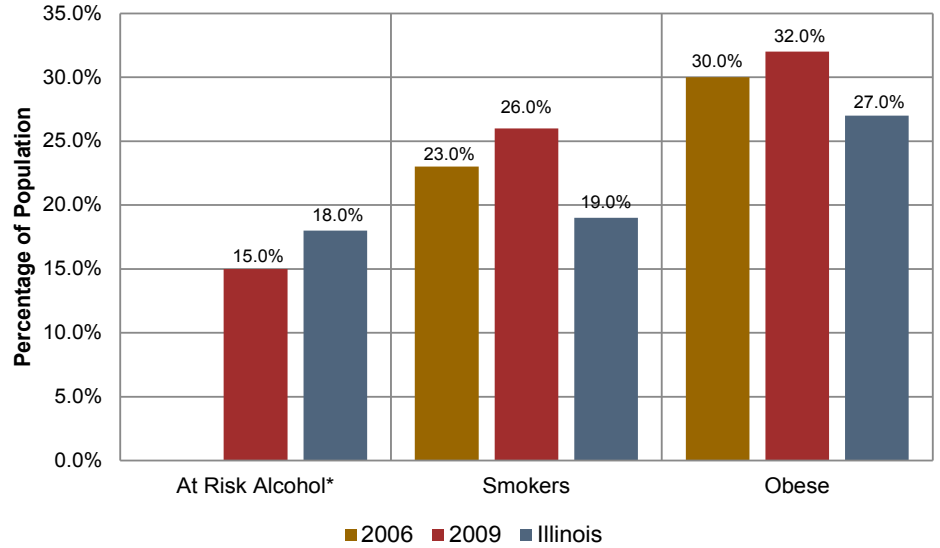
(Illinois Behavioral Risk Factor Surveillance System, 2010)



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Table 9. Health Risk Factors – Greene County

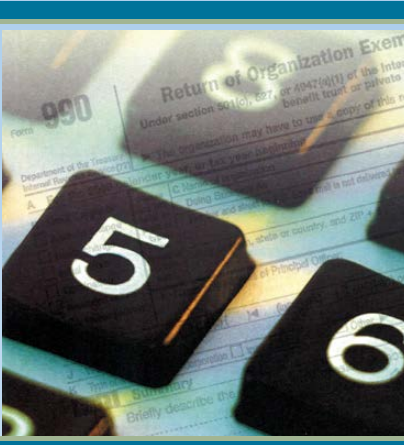


* Insufficient data was available for 2006 for reliability for At Risk Alcohol (IBRFSS, 2010)

Diagnosis of high blood pressure, diabetes, asthma, and arthritis all exceeded the state level for 2009. The percent of persons at risk for acute or binge drinking was lower than the state average in 2009, which is somewhat unusual for rural Illinois. Tobacco use exceeded the state levels. The rate of persons reporting obesity is above the state level in the IBRFSS for Greene County. All of the counties in and surrounding the service area exceeded the statewide rate for obesity in the County Health Rankings. Teen birth rates and low birth weights in Greene County and the surrounding counties are high generally compared to statewide numbers.

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available table for Greene County, showing the causes of death within the county is set out below:

Disease Type	Greene Calhoun Scott		
Diseases of the heart	38	22	12
Malignant neoplasms	45	12	9
Cardiovascular diseases (stroke)	7	5	5
Lower respiratory diseases	4	4	3
Accidents	11	4	3
Alzheimer's disease	3	2	0
Diabetes mellitus	6	1	0
Influenza and pneumonia	5	2	2
Nephritis, nephrotic syndrome, nephrosis	5	0	1
Septicemia	3	1	2
Intentional self harm (suicide)	3	0	0
Chronic liver disease, cirrhosis	2	1	0
All other causes	37	6	13
TOTAL DEATHS	169	60	50



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Disease Type	Pike	Jersey	Macoupin
Diseases of the heart	39	61	137
Malignant neoplasms	42	43	123
Cardiovascular diseases (stroke)	22	10	31
Lower respiratory diseases	7	9	34
Accidents	10	10	29
Alzheimer's disease	2	15	21
Diabetes mellitus	6	8	16
Influenza and pneumonia	3	4	15
Nephritis, nephrotic syndrome, nephrosis	6	1	15
Septicemia	1	0	10
Intentional self harm (suicide)	3	0	8
Chronic liver disease, cirrhosis	1	0	7
All other causes	58	36	128
TOTAL DEATHS	200	197	574

The mortality numbers are much as one would expect with diseases of the heart and cancer as the leading causes of death in all three counties. These numbers are consistent with the mortality reports from the other Illinois counties.

The State Cancer Profiles compiled by the National Cancer Institute list Greene and Macoupin Counties at Level 4 for all cancers, which means that the cancer rate overall is above the U.S. rate and is stable over the recent past. Scott, Pike, and Calhoun Counties are rated at Level 6 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past. Macoupin and Jersey Counties are at Level 8 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is falling over the recent past. (*National Cancer Institute, 2010*)

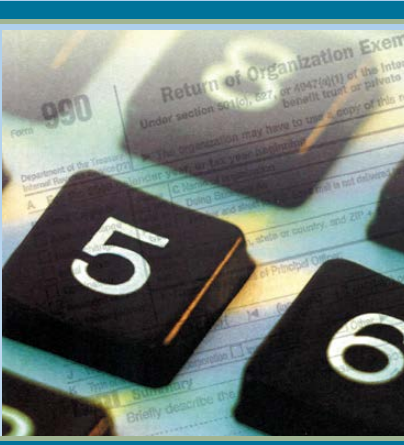
Synthesized Secondary Data

The demographics for Thomas H. Boyd Memorial Hospital service area reflect similar income when compared to many other rural areas.

The service area reports a higher percent of population diagnosed with arthritis, asthma, diabetes, and high blood pressure than state averages. Diseases of the heart and cancer are the two leading causes of death throughout the service area. Death from motor vehicle crashes is reported as being slightly higher in the service area than the statewide rate. Adults reporting no leisure time physical activity exceed state levels. Teen birth rates and low birth weights throughout the service area are high.

Summary

The secondary data and previous planning conclusions draw attention to several common issues or rural demographics and economies of the day and draw emphasis to issues related to wellness, education, and risky behavior with regard to substances, obesity, smoking, teen health, and related issues.



Primary Source Information

Focus Group #1 – Health Care Professionals and Partners

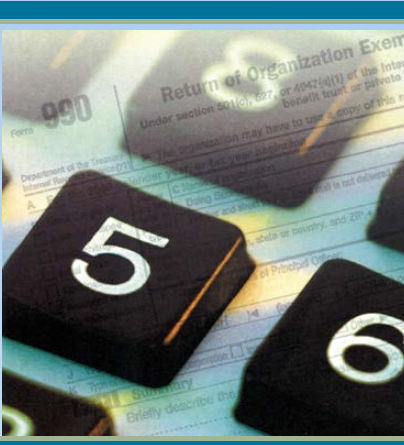
A focus group comprised of health care professionals and partners met on May 26, 2013. The group included a representative of the Greene County Health Department, physicians, a senior dentist, and others.

The focus group session opened with the identification of several positive events that took place within the Thomas H. Boyd Memorial Hospital service area during the past five years. The following developments were cited:

- Rehabilitation at Thomas H. Boyd Memorial Hospital has resulted in new patient rooms
- Recruitment of mid-level practitioners
- Physician recruitment
- STAT Heart/STAT Stroke
- Local availability of imaging – MRI, CT scan
- Expansion of Physical Therapy Department at Thomas H. Boyd Memorial Hospital
- New relationship with Locust Street Mental Health Services
- New technology and equipment at Thomas H. Boyd Memorial Hospital
- Thomas H. Boyd Memorial Hospital and the Greene County Health Department work well together

The group then discussed a wide variety of health needs and concerns in several general categories including:

- Community health education
- More general practitioners
- Substance abuse, including hydrocodone, marijuana, methamphetamines, heroin, alcohol, and prescription drugs
 - o “Doctor shopping” seems to be an issue
- Better utilization of local services by providers and the public – education for the public about available services and increased participation with Thomas H. Boyd Memorial Hospital by local physicians and other providers
- Lack of communication between medical profession and law enforcement and failure to prosecute
- Specialty care
- Transportation – no public transportation in Greene or Calhoun County
- Managed care contracts
- Money – poverty is high
- Continued physical rehab of the Thomas H. Boyd Memorial Hospital facility
- Access to high speed internet at Thomas H. Boyd Memorial Hospital
- Engage youth in wellness and healthy lifestyles
- Obesity
- Increase in diabetes diagnosis
 - o Pre-diabetes or Type II diabetes seems to be diagnosed once a week



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- Mental health care
 - Transfers from Thomas H. Boyd Memorial Hospital can be hard to arrange
 - Non-emergency mental health referrals are difficult
 - There is a local psychiatrist one day a month
- Better support for the hospital in the community
 - More community education and outreach
- Jobs
- Population is declining

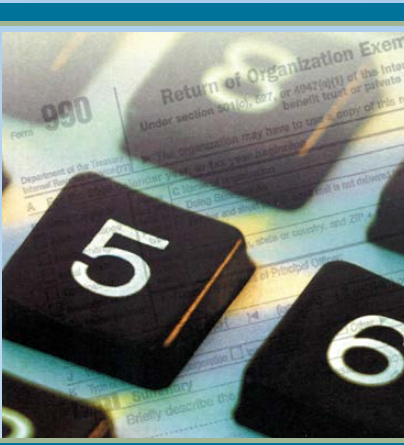
Focus Group #2 – Officials

A focus group comprised of officials also met on May 26, 2013. The group included the president of the Greene County Board, police chiefs, a superintendent of schools, and others. The second focus group session opened with the identification of several positive events that took place within the Thomas H. Boyd Memorial Hospital service area during the past five years. The following developments were cited:

- Rural health clinics
- Emergency services from Thomas H. Boyd Memorial Hospital, including ambulance and the emergency room
- Conversation with leaders in Calhoun County to increase access to primary care
- First responders work well with the ambulance crews
- Partnership between Thomas H. Boyd Memorial Hospital and St. John's Hospital
- Positive impact of local access to emergency services through Thomas H. Boyd Memorial Hospital
- Training and qualifications of ambulance crews are excellent
- Remodeled trauma room and emergency room
- Cooperation and support shown to Thomas H. Boyd Memorial Hospital by local law enforcement
- Cooperation among Thomas H. Boyd Memorial Hospital, other providers and agencies, and the local schools is strong
- Rural health clinic in Greenfield has increased emphasis on women's health and youth
- Improved local education for professionals through Thomas H. Boyd Memorial Hospital
- Quality of staff at Thomas H. Boyd Memorial Hospital
- Remodeling of the laboratory at Thomas H. Boyd Memorial Hospital

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the Thomas H. Boyd Memorial Hospital service area.

- More general practitioners
- Services for the elderly, including a geriatric specialist
- GPS for ambulances
- Transportation – especially for homebound and handicapped – in and out of area
- Wellness center with opportunities for recreation and education



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- Mental health – there is a shortage of local resources for emergencies
- Visiting specialists
- Opportunities for all season recreation and activities – all age levels
- Jobs
- Substance abuse, including heroin, ecstasy, synthetic drugs, and prescription drugs
 - Theft and sales
 - Especially oxycodone and oxycodone
- Recreation and healthy lifestyle opportunities for youth
- Education for young parents
- Aging population
- Cancer rate – is environment or lifestyle involved?
- Poor nutrition
- Diabetes
- Obesity
- Poverty
- No long-term care in Carrollton

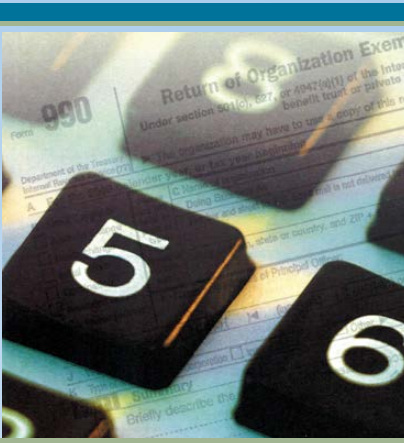
Focus Group #3 – Community Leaders

A focus group comprised of community leaders also met on May 26, 2013. The group included a representative of the White Hall Lions Club, business owners, and others. The third focus group session also opened with the identification of several positive events that took place within the Thomas H. Boyd Memorial Hospital service area during the past five years. The following developments were cited:

- Level of care at Thomas H. Boyd Memorial Hospital provides a hometown feel
- Thomas H. Boyd Memorial Hospital's ability to recruit physicians
- Physical therapy department and rehabilitation program at Thomas H. Boyd Memorial Hospital
- Competence of Thomas H. Boyd Memorial Hospital staff
- Cooperation with larger care centers
- Remodeled inpatient areas at Thomas H. Boyd Memorial Hospital
- Rural health clinics
- Cooperation among Thomas H. Boyd Memorial Hospital and first responders, fire and police, demonstrates a team approach and attitude
- The emergency room, hospital-owned ambulances, and helicopter service
- STAT Heart/STAT Stroke programs

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the Thomas H. Boyd Memorial Hospital service area.

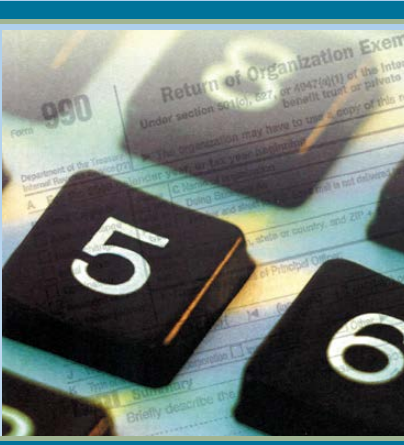
- Allowing local pharmacies to continue home-delivery without penalties
- Sustain ability to attract new doctors
- Some local doctors are not utilizing Thomas H. Boyd Memorial Hospital for readily available local services
- Aging general practitioners
- Transportation to appointments



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- Access to nutritious food for youth
- Mental health
 - Not enough non-emergency access to a psychiatrist or other non-emergency counseling
 - Not enough local services for patient in crisis – evaluation and post Thomas H. Boyd Memorial Hospital transfer
 - Not enough assistance for substance abuse
- Specialists
- Substance abuse, including alcohol, hydrocodone, heroin, and methamphetamines
- Long-term care and assisted living
- Cancer
- Poverty and its impact on healthcare services
- Diabetes
- Obesity
- Sedentary lifestyles at all ages
- Improper diet
- Nutrition education
- Teen pregnancy
- Lack of industries
- Overall economic pressures



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of access to wellness education and opportunities for physical activity for all residents, access to nutritious foods, teen pregnancy, delivery of mental health services including prevention of substance abuse, and addressing provision of local health care in an increasingly challenging economy. The areas chosen were consistent with the needs identified from the secondary information collected and observed. An issue was raised in a focus group about a perception of recent elevated levels of cancer. No secondary data reviewed supported the anecdotal report of a elevated cancer reports, but this may warrant further investigation if possible.

Summary of Findings and Recommendations

The items set forth below are those which found consistent identification and, ultimately, prioritization in the primary information gathering process and which are supported by the secondary information related to demographics and health status.

1. Basic wellness services, education, and access for all residents

Wellness education and care issues were raised in the focus groups as an access issue with regard to all age groups and population segments including the underinsured and uninsured. A need for more opportunities for physical recreation was expressed. Education about nutrition and access to healthy foods were suggested in the focus groups and supported by the secondary data.

2. Mental health services

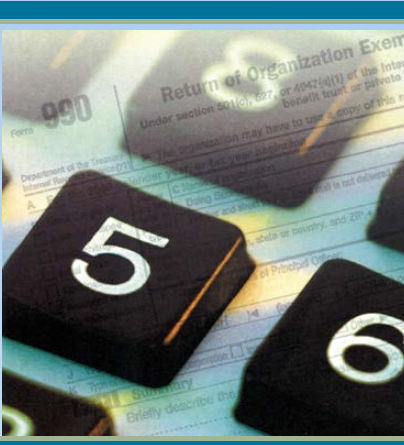
This issue was raised in the focus groups with regard to services available through Thomas H. Boyd Memorial Hospital and also in the community in general and involved services for young adults, underinsured and uninsured, post-hospital placement and addressing substance abuse. The need in this area was also supported in the secondary data related to risky behavior.

3. Addressing access to quality local health care

This issue was raised in several contexts related to increasing access to specialists, sustaining availability of local general practitioners, and planning for future availability of access to the varied local services provided at Thomas H. Boyd Memorial Hospital for the community in general and for underinsured and uninsured residents.

4. Teen pregnancy

Higher than expected teen pregnancy rates and low birth weight percentages were identified as an issue in both the secondary data and discussed in relation to needs for youth and young adults related to wellness education and care in the focus groups.



RESOURCE INVENTORY

Thomas H. Boyd Memorial Hospital

Thomas H. Boyd Memorial Hospital is critical access hospital offering a wide range of services and care to its service area. Thomas H. Boyd Memorial Hospital provides general medical and surgical care for inpatient, outpatient, satellite clinic patients, emergency room patients, and participates in the Medicare and Medicaid programs. Services include:

- Emergency care
 - o Affiliations with larger facilities for transfers when higher level care is needed
 - St. John's Hospital – Springfield, IL
 - Memorial Medical Center – Springfield, IL
 - St. Anthony's Hospital – Alton, IL
 - SSM DePaul – St. Louis, MO
 - St. Mary's Hospital – St. Louis, MO
 - o STAT Heart Program
 - o Currently working with SSM DePaul and St. John's Hospital on the American Heart Association guidelines for the rapid identification, management, and transfer of stroke patients
 - o Emergency department providers act as the facility hospitalist
- Inpatient services and swing bed program
- Laboratory
- Radiology
 - o Bone density testing
 - o CT scanning
 - o Digital mammography
 - o Magnetic Resonance Imaging (MRI)
 - o Ultrasound
 - o X-ray
 - o EKG
 - o Outpatient cardiac monitor
 - o Echocardiogram
 - o Picture Archiving and Communication System (PACS)
- Rehabilitation and Wellness Center
 - o Physical therapy
 - o Occupational therapy
 - o Speech therapy
- Wellness Center is open to the public on a membership basis



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Area Health Services Review

Rural Health Clinics

Carrollton Rural Health Clinic

800 School Street
Carrollton, IL 62016
Open Monday-Sunday from 7:00 a.m. to 7:00 p.m.

Greenfield Rural Health Clinic

712 College Street
Greenfield, IL 62044
Open Monday-Friday from 8:00 a.m. to 5:00 p.m.

Roodhouse Rural Health Clinic

132 W. Lorton Street
Roodhouse, IL 62082

White Hall Rural Health Clinic

505 S. Main Street
White Hall, IL 62092
Open Monday-Thursday from 8:00 a.m. to 5:00 p.m. and Friday from 8:00 a.m. to 12:00 p.m.

Specialty Clinics

Prairie Heart Institute – St. John’s Hospital

Dr. Ghani – Specialties include echocardiography and nuclear cardiology.
Dr. Ghani visits Thomas H. Boyd Memorial Hospital two Wednesdays a month.

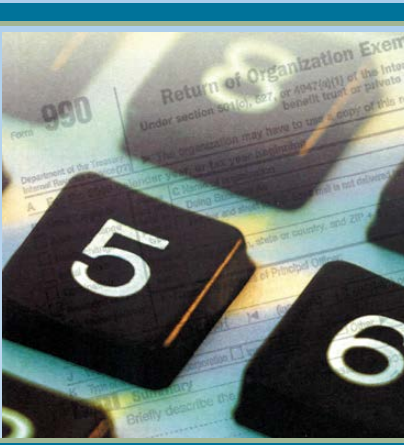
Springfield Clinic

Dr. Sharma – Specialties include orthopedics and sports medicine.
Dr. Sharma visits Thomas H. Boyd Memorial Hospital weekly on Tuesday mornings.

Nursing Homes and Senior Care

White Hall Nursing and Rehabilitation Center

- Medical services
 - o 24-hour physician coverage
 - o Wound care services
 - o IV therapy
 - o Respite care
 - o Tracheostomy care
 - o Bariatric care
 - o Clinical lab service
 - o Dental services
 - o Dietary services
 - o Mental health services
 - o Occupational therapy services
 - o Pharmacy therapy services



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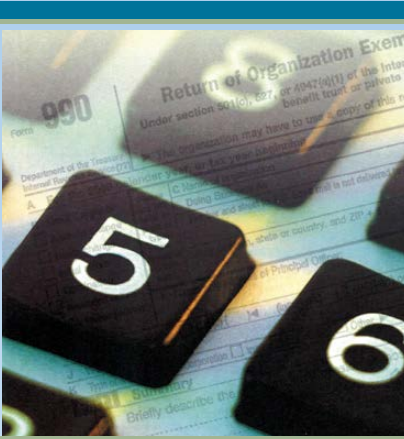
- o Physical therapy services
- o Podiatry services
- o Social work services
- o Speech/language pathology services
- o X-ray services
- Specialty services
 - o Memory care
 - Memory enhancement training
 - Dementia care
 - o Short-term rehabilitation center
 - Transitional Care Center
 - Rehabilitation services provided
- Post surgery rehabilitation
- Endurance/strength training
- Sports medicine/enhancement therapy
- Wound care
- Stroke recovery
- Cardiac care
- Post-orthopedic surgery
 - o Sub-acute rehabilitation
 - Ambulance and transfer training
 - Balance/fall management
 - Care for stroke survivors
 - Cerebral palsy, MS, and Parkinson's
 - Cognitive linguistics therapy
 - Dysphagia (swallowing) therapy
 - Pain management
 - Positioning
 - Speech/language therapy
 - Strength/endurance training
 - o Enhancement therapy
 - Advanced wound care management
 - H2O SIPS Program
 - Low vision
 - Therapeutic modalities
 - Neuromuscular electrical stimulation/vital stimulation for swallowing
 - Right Way Cafe
 - Wheel SMART
 - Wii gaming technology
 - o Long-term care
 - Contracture management
 - Urinary incontinence program

Edgewood Manor Retirement Home

507 Edgewood Drive, White Hall, IL

Mt. Gilead Shelter Care Home

Route 3, Carrollton, IL



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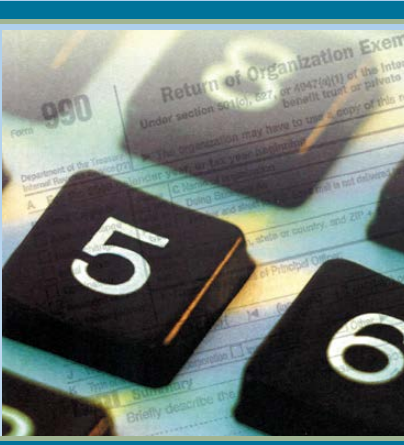
REMARKS

The Thomas H. Boyd Memorial Hospital Community Health Needs Assessment was conducted in 2013. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

ICAHN is grateful to Thomas H. Boyd Memorial Hospital staff for their participation in the development of this project, which will benefit many of their ICAHN partners in the years to come.

ICAHN and Thomas H. Boyd Memorial Hospital are grateful to the health care professionals, community leaders, and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Thomas H. Boyd Memorial Hospital in July, 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



APPENDIX

Focus Group Participants

Dr. Renan Mapue

Thomas H. Boyd Memorial Hospital

Dr. August Adams

Thomas H. Boyd Memorial Hospital

Dr. James Uhles

Private Practitioner

Dr. Gary Turpin

Private Practitioner

Sue Thorton

Greene County Health Department

Dr. Dan Woodlock

Dentist

Judy Nims

Board President, Thomas H. Boyd Memorial Hospital

Rob McMillen

Greene County Sheriff

Kevin Bowman

Greenfield CUSD 10 Superintendent

Joe Nord

Greene County Board President

Kirby Ballard

Greene County Treasurer

Jack Wallis

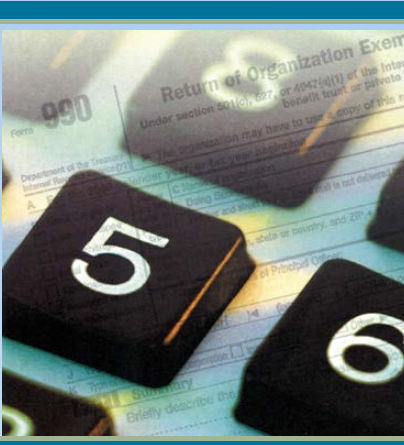
White Hall Police Chief

Terry Gross

Carrollton Police Chief

Bob Howland

Thomas H. Boyd Memorial Hospital Board Member



COLLABORATORS

The Thomas H. Boyd Memorial Hospital Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

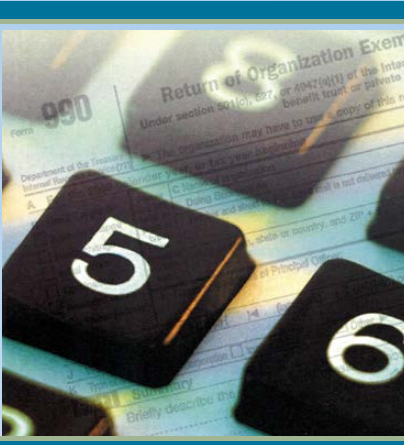
ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 52 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Thomas H. Boyd Memorial Hospital is a member of the Illinois Critical Access Hospital Network.

Terry Madsen, M.A., J.D., former community development specialist and University of Illinois Extension educator, was the lead collaborator for this project. Mr. Madsen is a former member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, IL, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community and youth development, and project evaluation.

Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management, and marketing support from in-house staff and consultants.

Curt Zimmerman, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provide technical support, design/lay-out direction, proofreading, and editorial support for the Community Health Needs Assessment projects through ICAHN and Mr. Madsen.

NOTES



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